

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 - 0 0 6

2. STATE:

Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2002

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1905(a)(1) - (5) and (7) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 (\$ 0.643 million)  
b. FFY 2003 (\$ 2.693 million)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.18-A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.18-A, page 1

10. SUBJECT OF AMENDMENT:

Recipient copayments for pharmacy services

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Melanie Bella*

13. TYPED NAME:

Melanie Bella

14. TITLE:

Assistant Secretary, OMPP

15. DATE SUBMITTED:

5/16/02

16. RETURN TO:

Melanie Bella, Assistant Secretary  
Office of Medicaid Policy & Planning  
402 W. Washington, Room W382  
Indianapolis, IN 46204  
ATTN: Tracy Brunner, Plan Coordinator**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

5/21/02

18. DATE APPROVED:

6/28/02

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

*Cheryl A. Harris*

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS:

**RECEIVED**  
MAY 21 2002  
DMCH - IL/IN/OH

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Indiana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge		Amount and Basis for Determination
	Deduct.	Coins. Copay	
Transportation		X	\$0.50 for transportation services for which Medicaid pays \$10.00 or less
			\$1.00 for transportation services for which Medicaid pays \$10.01 to \$50.00
			\$2.00 for transportation services for which Medicaid pays \$50.01 or more
Pharmacy		X	Fifty cents (\$0.50) for each generic legend drug dispensed
			Three dollars (\$3.00) for each brand name legend drug dispensed
			Fifty cents (\$0.50) for each nonlegend drug dispensed, whether brand name or generic
			Fifty cents (\$0.50) for each compounded prescription dispensed, whether legend or nonlegend
Emergency Room		X	\$3.00 for nonemergency services (procedures billed outside a designated emergency procedure code range) when provided in a hospital emergency room

TN No. 02-006  
Supersedes  
TN No. 95-022

Approval Date JUN 28 2002

Effective Date July 1, 2002